

RISK ASSESSMENT GUIDANCE TOOL FOR ENVIRONMENTAL TOBACCO SMOKE (ETS) March 2009



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

1.0 INTRODUCTION

This risk assessment guidance tool has been developed to support the implementation of the Health Service Executive's (HSE's) Best Practice Guidelines for Tobacco Management in the Mental Health Setting – February 2008 and as such should be read in conjunction with that publication.

This guidance tool is aligned to the HSE's Risk Assessment Process and Tool and meets the risk assessment requirements of the Safety Health & Welfare at Work Act 2005. This document is designed to support all HSE Service areas.

2.0 LEGISLATION

The employer's duty extends to - "Ensuring, so far as it is reasonably practicable, the safety and the prevention of risk to health at work of his or her employees relating to the use of any article or substance or the exposure to noise, vibration, ionising, other radiations or any other physical agent" (Safety Health & Welfare at Work Act 2005).

This therefore places the onus on managers to provide systems of work that are planned, organised and maintained so as to be, as far as is reasonably practicable, safe and without risk to health.

3.0 DEFINITION OF A RISK ASSESSMENT

The process of evaluating and ranking the risks to safety, health and welfare at work arising from the identification of hazards at the workplace. It involves estimating the magnitude of risk and deciding the best possible protective and preventative (control) measures to reduce the risk as low as possible so as to prevent harm.

4.0 PRIOR TO UNDERTAKING A RISK ASSESSMENT FOR ETS

It is worth taking time to consider the following;

- » How many people smoke and who are they?
- » Where do people smoke?
- » Have you defined the boundaries of the workplace e.g. is it confined to buildings or the entire campus of the service?
- » Are facilities provided externally for smokers?
- » Is natural ventilation available?
- » Is mechanical ventilation available?
- » What are the needs of the service users?
 - » Are they mobile?
 - » Can they be brought outside the building to an area of safety to smoke?
 - » What level of supervision/observation do they require?
 - » When do people tend to want to smoke and for how long? (should smoking take place during night time, this may warrant additional assessment)

[Note: External areas where there is no restriction on smoking or risk to employees or service users of exposure to ETS are not included in your risk assessment]

5.0 THE RISK ASSESSMENT PROCESS

5.1 Identify the Hazard

The hazard in this case is 'exposure to tobacco smoke'

5.2 Decide who is affected by the Hazard

Identify all persons who might be affected by the hazard

Employees

Though employees are not permitted to smoke in the workplace since 29th March 2004 under the Public Health Tobacco Act 2004, however they may be affected by ETS arising from service users who are permitted to smoke. Particular attention must be paid to employees who may have a pre existing health condition which may be exacerbated by ETS e.g. asthma and bronchitis or who by virtue of their physical condition may be more vulnerable such as pregnant employees.

In this category you must also consider those persons contracted to work within the area e.g. cleaning staff, maintenance staff and others who may have to go into areas where smoking is permitted.

Service Users

Particular attention must be paid to service users who may have a pre existing health condition which may be exacerbated by ETS e.g. asthma and bronchitis or who by virtue of their physical condition may be more vulnerable such as pregnant service users.

Decisions on prohibiting smoking by service users who are not mobile or for whatever reason can not be moved to an external location will have to be made on a case-by-case basis taking into consideration the findings of a risk assessment.

When carrying out your risk assessment you need to bear in mind how you will protect such employees, service users and others who might be affected.

5.3 Identify the risks associated with the Hazard

This step starts with describing the risks associated with and persons affected by each of the hazards identified.

Risk issues to be considered include but are not limited to the following;

1. Harm to health of employees, service users and others who may be affected from the effects of ETS
2. Fire safety due to the failure to adequately dispose of cigarette waste or the proximity of smoking areas to combustible materials e.g. oxygen supplies
3. Compliance with legislation
4. Level of supervision/observation required for service users when smoking
5. Harm to property due to the effects of ETS
6. Increased incidence of violence and aggression

It is important that each risk is described accurately so as to comprehensively capture the risk.

The HSE has adopted the 'ICC approach' to risk description which encompasses inclusion of the Impact of the risk, Causal Factors and Context to which the risk pertains i.e.

- » Describe the potential area of Impact if the risk were to materialise.
- » Describe the Causal Factors that could result in the risk materialising.
- » Ensure that the Context of the risk is clear, e.g. is the risk 'target' well defined (e.g. employees, service user, department, hospital etc.)
e.g. Risk of physical harm to employees due to exposure to ETS within <X named Hospital>
or
Risk of increased incidences of violence and aggression due to restrictions on smoking for service users within <X named Unit>.

The more accurately the risk is described the easier it is to identify existing and additional controls that may be required.

5.4 Identify any existing control measures

Control measures include all measures put in place to eliminate or reduce the risk and include policies, procedures, processes e.g. smoking cessation programmes, guidelines (clinical and non-clinical), and engineering controls, training, emergency arrangements, preventative maintenance controls, protocols etc.

When examining the existing control measures, consider their adequacy, method of implementation and level of effectiveness in eliminating or minimising risk to the lowest reasonably practicable level.

The hierarchy of control measures that you must consider in turn are as follows:

- » Avoidance Prohibition of smoking in the workplace
 - » Implementation of 'smoke – free Workplace' Policy
- » Evaluation Explore the possibility of providing an appropriate
 - » ventilation or air filtering equipment to minimise the effects of ETS
 - » Properly sited and maintained to reduce the amount of ETS in the air
 - » While Ventilation may minimise the exposure to ETS it will not eradicate ETS
- » Segregation Where a designated smoking area is in place, it must be physically separated so as to prevent the spread of environmental tobacco smoke causing harm to employees, service users, visitors and others.
- » Substitution Use of alternative source of Nicotine e.g. NRT (in line with best clinical practice).
- » Administration Develop adequate prevention policy in relation to:
 - » The provision of safe systems of work
 - » Appropriate training
 - » Information
 - » Instruction
 - » Supervision

- » Personal Protective Equipment: Selection of Personal Protective Equipment (PPE) may be required. This should only be considered as a last resort

When applying the control measures one should use a measure at the top of the list and only use a measure lower down the list when it is not reasonably practicable to use one higher. [For further clarification in respect of control measures see Appendix 1]

5.5 Rate the Risk

Risk is rated taking account of existing control measures and their adequacy in controlling the risk. Two dimensions are considered when rating a risk, the likelihood that a specified event may occur or reoccur and the impact of harm to service users, employees and others, services, environment or the organisation as a result of the undesired event occurring. The HSE has adopted a uniform tool for the rating of risk for detailed guidance this tool and its application please refer to the HSE's Risk Assessment Tool and Guidance:-

http://hsenet.hse.ie/HSE_Central/Office_of_the_CEO/Quality_and_Risk/Documents/OQR012_Risk_Assessment_Tool_and_Guidance_including_guidance_on_application_.pdf

5.6 Identify if additional control measures are required.

Depending on the risk rating and a review of the adequacy of the current controls in place, an evaluation must be made as to what further (if any) preventative measures are required.

Common sense tells us that life cannot be totally risk-free. However there is a requirement to do all that is reasonably practicable to minimise the risk of harm to employees, service users and visitors. Therefore once a hazard is identified and the risk assessed, the necessary control measures must be developed and implemented to protect safety, health and welfare. Because conditions in various HSE workplaces vary enormously, a solution that is appropriate for one workplace may not be right for another.

Best practice is to remove the hazard, if it cannot be removed, control measures must be put in place to reduce the risk.

An action plan should be devised for the management of each risk starting with consideration of how to permanently eliminate the risk. If this is not possible then the management of each risk noting the hierarchy of controls described in Section 5.4 above and in Appendix 1 should be adopted. It is advised that when completing action plans that high risk hazards are dealt with as a priority.

Time frames must be complied with for implementing the required management action for each hazard identified. Actions must be realistic and timely and assigned to a named individual. Immediate actions and long term actions must be considered in order to eliminate the hazard or reduce the risk to an acceptable level.

5.7 Recording your Risk Assessment:

The results of the risk assessment must be documented in accordance with legislative requirements.

6.0 MONITORING & REVIEW

Although you may be able to introduce control measures that may substantially reduce exposure to environmental tobacco smoke, you should keep the situation under continuous review and be prepared to change your assessment of risk if it becomes clear that the control measures you have taken are not fully effective. All assessments should also be subject to review on an annual basis.

In areas where smoking is permitted it is necessary to monitor exposure of those who may be affected.

7.0 REFERENCES

1. HSE/HPH *Best Practice Guidelines for Tobacco Management in the Mental Health Setting* (February 2008)
http://hsenet.hse.ie/Intranet/Library/HSE_Publications/?importUrl=http://localhost:82/eng/Publications/Mental_Health_and_Suicide_Prevention/Tobacco_Management_in_the_Mental_Health_Setting_-_Feb_2008.html
2. *Risk Assessment Guidance Tool for Environmental Tobacco Smoke Version 0.5* - Staff, Health and Safety Department, HSE HR Shared Services Dublin Mid-Leinster (2005)
3. Department of Health and Children (2004) *Public Health (Tobacco) (Amendment) Act 2004, Number 6 of 2004*, Dublin: Government Publications Office
4. *HSE Risk Assessment Tool and Guidance* (June 2008)
http://hsenet.hse.ie/HSE_Central/Office_of_the_CEO/Quality_and_Risk/Documents/OQR012_Risk_Assessment_Tool_and_Guidance_including_guidance_on_application_.pdf

APPENDIX 1 Control Measures

Control measures are any process, policy, device, practice or other action that acts to minimise negative risk or enhance positive opportunities. It is essential therefore when seeking to minimise the risk posed by any hazard to have in place sufficient controls.

When examining the existing control measures, consideration should be given to their adequacy, method of implementation and level of effectiveness in minimising risk to the lowest reasonably practicable level.

Some controls are better at minimising risk than others and to assist managers in identifying the most robust controls reference should be made to the hierarchy of control measures. The higher on the hierarchy the control is the greater the potential is that it will minimise the risk. Consideration should therefore be given as to what level on the hierarchy of control the existing controls are selected from. The hierarchy of control measures are as follows:

A. Elimination

the job is redesigned so as to remove the hazard (risk factor). However, the alternative method should not lead to a less acceptable product or less effective process. If hazard elimination is not successful or practical, the next control measure is:

B. Substitution

replacing the material or process with a less hazardous one. If no suitable practical replacement is available, the next control measure is:

C. Engineering

controls installing or using additional equipment. If this method is not effective, the next control measure is:

D. Administrative procedures or safe work practices e.g. policies, procedures, guidelines.

Only after all the previous measures have been tried and found to be ineffective in controlling the risks should Personal Protective Equipment be considered.

E. Personal Protective Equipment (PPE)

This is the last control measure to be considered. If chosen, PPE should be selected and fitted to the person who uses it. Employees must be trained in the function and limitation of each item of PPE. PPE may be used as a temporary control measure until other alternatives are installed. In most cases a combination of engineering controls, administrative procedures and PPE are chosen to effectively control the risks. Where PPE is the main control method it should be (where practical) used in conjunction with another method of PPE and safe work practices.

It is important to realise that the higher up the control hierarchy the controls are, the more reliable they tend to be and should therefore be considered as a first option. Controls which rely on people following correct procedures i.e. administrative or PPE controls are not as reliable and therefore if the control of a risk is reliant on these then it is necessary to actively consider weakness in existing procedures and opportunities for error. This enables treatment of risks to be improved by reducing the likelihood of error or introducing focused monitoring procedures.



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